

To Whom It May Concern:

MAY 10 1973

I, _____ of Rochester N.Y.
 (name) (city and state)

being the next-of-kin of _____

do

hereby authorize the disinterment and examination of the remains
 of my late Sister, _____ under
 (relationship) (name)
 the direction of the Center for Human Radiobiology, Argonne National
 Laboratory, 9700 South Cass Avenue, Argonne, Illinois 60439, or
 its scientific successors, such disinterment and examination to be
 for the purposes of advancing medical and scientific research and
 education. I authorize the transportation of said remains to the
 Center for Human Radiobiology for the purpose of carrying out such
 examination and to retain such bone specimens as the scientific
 personnel may deem fit. The grave site will be restored to its
 original condition. All the above procedures will be accomplished
 at no cost to me.

Executed as a sealed instrument on May 5, 1973
 (date)

WITNESSES

Signature

Rochester, New York
Tel:

0003550